

HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
CHONG	FRANK	A	973-2367
MAILING ADDRESS (Street)			FAX
1357 Kapiolani Blvd, #1250			973-2625
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

### PART II ORGANIZATION

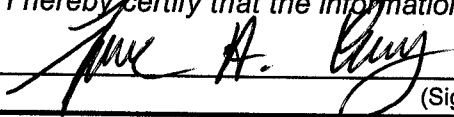
AlohaCare			
MAILING ADDRESS (Street)			FAX
1357 Kapiolani Blvd, #1250			973-2625
(City)	(State)	(Zip Code)	
Honolulu, HI	96814		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Cindy Neely			973-6347
MAILING ADDRESS (Street)			FAX
1357 Kapiolani Blvd, #1250			973-2625
(City)	(State)	(Zip Code)	
Honolulu, HI	96814		

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

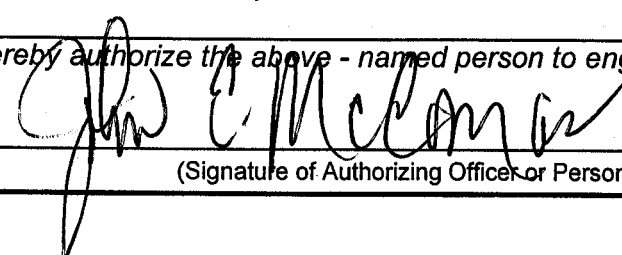


(Signature of Lobbyist)

3/20/03

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME  John McComas		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED  Chief Executive Officer	
NAME OF ORGANIZATION (if applicable)  AlohaCare		TELEPHONE  973-1566	
MAILING ADDRESS (Street)  1357 Kaiolani Blvd, #1250		FAX  973-2625	
(City)  Honolulu, HI	(State)  96814	(Zip Code)	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		3/20/03	
(Signature of Authorizing Officer or Person Represented)		(Date)	